MULTIPLE NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

		A FOY	CED			CLAIMS							
AS FILED		AFTER I AMENDMENT		AFTER 2 MAMENDMENT		1 1	- 1	AS FILED		AFTER		AFTER 2 - AMENDMENT	
DEP.		IND.	DEP.	IND.	DEP.	1 L		IND.	DEP.	IND.	DEP.	IND.	DEP
	2						51						DEI
	3	! i					52						
<u> </u>	1	 			ļ		53		1				
/ 	5	!					54						
 	;						55		-L				
1	,						56						
		┝──┤					57						
7							8				=:-		
1///	0						0						
11/1	1						1						
	2						2					[
X	3					6							
1//						6							
A.	;					6				+			
И						6							
1						6				+			
1						6							
						6					 1-		
4						70					-+		
44						7							
+-						72							
1-1-						73							
1 1						74							
 						75							
 						76							
 	⊣ .					77							
 						78		-					
 						79				ļ			
	_					80 81							
 						82							
7	7-					83	\dashv	 -					—
//						84	-1-						
7						85							
1						86	- -						
						87	_				. -		
						88	\neg						
						89							
	4					90		·					
<i>! ,</i>	4_			L		91							
_/			_	_		92							
/						93	4_	_					
/ 	+-					. 94	_	_	_				
, / 	4—					95	-						
/ 	1-					96	-			_			
,/- -	1-					97			_				—
// /- 	1-		 -	 -	 	98	+	 			 _		
7'-	1	_		-+-			+-						
/_ 	1-	- -		 		100	10	- -			 	- 	-
▼	D-	-	♥	'	♥	TOTAL EN			▶	'	₽		
4					.		MA	1	. —		. —		. 1
<u> </u>	1	7		4		<u> </u>	AAX	^ \		- 1		7	
	1												
	ــــــا					CLAIMS	164	/					
ノ、 + 羅					detail (Gr		TOTAL IN TOTAL DE TOTAL CLAIMS	TOTAL DEF	TOTAL DEF	TOTAL DEP	TOTAL DEP TOTAL DEP TOTAL CLAIMS U.S. DEPARTMENT of COMM	TOTAL DEP TOTAL DEP TOTAL CLAIMS U.S. DEPARTMENT of COMMERCE	TOTAL DEP